



**TOWN OF ROCKPORT, MASSACHUSETTS
BOARD OF APPEALS**

For Official Use
(Town Clerk's Office)

Receipt Stamp

Docket Number

Application Fee

\$

Fee Paid (✓)

APPLICATION FOR ZONING RELIEF

For Applicant Use

Zoning Relief Sought by Applicant	
<input type="checkbox"/>	Variance
<input type="checkbox"/>	Special Permit
<input type="checkbox"/>	Comprehensive Permit (pursuant to G.L. c.40B)
Appeal Decision of (pursuant to G.L. c.40A)	
<input type="checkbox"/>	• Building Inspector
<input type="checkbox"/>	• Planning Board
<input type="checkbox"/>	• Zoning Administrator or Other
(Explain Reason for Appeal in Section 9 of the Application)	

For Applicant Use

For Hearing by: (Check One)			
BOARD OF APPEALS	<input type="checkbox"/>	ZONING ADMINISTRATOR*	<input type="checkbox"/>

() If there is jurisdiction pursuant to Section 2.6 of the Rules of Procedure, Board of Appeals.*

PLEASE NOTE

DETAILED REQUIREMENTS FOR PLANS AND OTHER MATERIALS IN SUPPORT OF THIS APPLICATION
ARE SPECIFIED IN ARTICLE I OF THE RULES OF PROCEDURE OF THE BOARD OF APPEALS,
COPIES OF WHICH CAN BE OBTAINED FROM THE TOWN CLERK, OR FOUND AND DOWNLOADED
FROM THE TOWN WEBSITE www.townofrockport.com (Under Board of Appeals)

APPLICATION FOR ZONING RELIEF

Please Print or Type

This application is also available as an interactive form for computer and keyboard. When finished the form may be printed and must be submitted with plans, drawings and supporting information.

Please draw a line through or write NA for any section or question that is not applicable.

1	Location of Property in Town of Rockport	Print or Type
	Number and Street (Road, Avenue, Lane or Way)	

2	Name of Applicant	Print or Type			
	Address (Street)	Print or Type			
	City or Town, Zip Code	Print or Type			
	Is Applicant Owner of Property?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

3	Representative (If Not Applicant)	Print or Type
	Address (Street)	Print or Type
	City or Town, Zip Code	Print or Type

4	Name of Legal Owner (If Not Applicant)	Print or Type			
	Address (Street)	Print or Type			
	City or Town, Zip Code	Print or Type			
	Is Owner informed of this Application?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

5	Zone Specifics							
	ZONE DISTRICT	PROPERTY USE (Check one)					ASSESSOR'S MAP & LOT	
		ONE FAMILY	TWO FAMILY	MULTIPLE FAMILY	MIXED	COMMERCIAL	MAP NUMBER	LOT NUMBER

6 Lot and Building Dimensions*

PROPERTY	PRIMARY (At Address Location)	SECONDARY (If on more than one street or way)		
Required Frontage (feet)				
Existing Frontage (feet & inches)				
Proposed Frontage (feet & inches)				
SETBACKS	FRONT	SIDE		REAR
Required Setbacks (feet)				
Existing Setbacks (feet & inches)		left	right	
Proposed Setbacks (feet & inches)		left	right	
PROPERTY LOT	AREA (square feet)	COVERAGE (square feet)		MAXIMUM COVERAGE (%)
Required	(MINIMUM)	(MAXIMUM)		(MAXIMUM)
Existing				
Proposed				
DWELLING OR STRUCTURE	HEIGHT		NUMBER of STORIES	
Required (all zones)	30 feet (MAXIMUM)		2½ (MAXIMUM)	
Existing (feet & inches)				
Proposed (feet & inches)				

(*) To obtain the Required Frontage, Setbacks and Property Lot Dimensions for Specific Zoning Districts, see Table in Bylaw Subsection IV.B or these Instructions (Section 1.12).

7 Adjacent Property

Does the Legal Owner Own the Adjacent Land?				YES		NO	
If Yes, Provide Address, Longest Property Dimensions and Property Area							
Address							
Length (feet & inches)		Width (feet & inches)		Area (square feet)			

8 Applicant Is (check one):	
Individual or Couple	
Trust or Estate	
Business Trust or Corporation	
Partnership, LLC or Corporation	

9 Land Deed (Select One)	
Essex South District Registry of Deeds	Book #
	Page #
or	
Essex South Registry District of the Land Court	Certificate #

10	If Existing Property, Structures or uses DO NOT conform to the current Zoning Bylaw (s), BRIEFLY EXPLAIN WHY (Setback infringement, Lot Size or Coverage, Change of Venue etc.)
	(Attach extra sheet if needed)

11	Describe what is being proposed, planned or appealed.
	(Attach extra sheet if needed)

12 Structures on Property

	Existing	Proposed
Number of Buildings (Primary Residence, Accessory including sheds)		
Number of Dwelling Units (including Primary Residence)		
For Zoning Relief Sought – Number of Dwelling Units		
Floor Area Used for Residential Purposes	%	%

13 Property Is:

	YES	NO
<ul style="list-style-type: none"> served by a Town Sewer Line? 		
<ul style="list-style-type: none"> <u>in</u> a Coastal Flood Plain Zone? 		
<ul style="list-style-type: none"> <u>bordering</u> (or under) wetlands subject to Wetlands Protection Act ? (Requirements, see Rules of Procedure, Section I.2.B) 		
Conservation Commission Hearing and decision completed?		
<ul style="list-style-type: none"> within a Watershed Protection Overlay District? (Requirements, see Rules of Procedure, Section I.2.B) 		
If Yes, which watershed? <div></div>		
Conservation Commission Hearing and decision completed?		
<ul style="list-style-type: none"> <u>within</u> an Historic District? 		
Historic District Commission Hearing and decision completed?		
<ul style="list-style-type: none"> <u>requiring</u> Planning Board Site Plan Review? 		
If required, Site Plan Review must be final before Zoning Hearing.		
<ul style="list-style-type: none"> for a Comprehensive Permit? (Requirements, see Rules of Procedure, Section I.2.C) 		

14 Prior Zoning decision(s) if any. (List All File Numbers and Dates)

File No. or Date				

15 Contact Information			
	Applicant Name	Print or Type	
	Applicant Signature		Date <input type="text"/>
	Applicant Name (if applicable)	Print or Type	
	Applicant Signature (if applicable)		Date <input type="text"/>
	Representative Name (if applicable)	Print or Type	
	Representative Signature (if applicable)		Date <input type="text"/>
Applicant Telephone, Fax, E-mail			
	Home	<input type="text"/>	
	Business	<input type="text"/>	
	Mobile (Cellular)	<input type="text"/>	
	Fax	<input type="text"/>	
	E-mail	<input type="text"/>	
(If applicable) Representative Telephone, Fax, E-mail			
	Home	<input type="text"/>	
	Business	<input type="text"/>	
	Mobile (Cellular)	<input type="text"/>	
	Fax	<input type="text"/>	
	E-mail	<input type="text"/>	

Submit completed application (including application check list, site plan, floor plans, elevations, photos and any supporting information) to the Town Clerk.

16**CHECKLIST for ZONING RELIEF**

(To Be Completed Before Submitting Application)

REQUIRED (Indicate by placing a mark in box)**• APPLICATION**

- ☐ APPLICATION FORM - Completed, Signed and Dated
- ☐ DATE and NAME of person who prepared drawings indicated on ALL drawings
- ☐ ONE (1) Complete Set of Full Size Drawings that are not less than 11 x 17 inches
- ☐ THREE (3) Complete, collated sets of REDUCED SIZE (11 x 17 inches) drawings

• SITE PLAN DRAWING

- ☐ SCALE at One (1) inch equals Twenty (20) feet
- ☐ ALL SETBACKS as DASHED or DOTTED LINES
- ☐ NORTH ARROW
- ☐ PROPOSED WORK in COLOR RED (Existing structures etc. in the color black)

• FLOOR PLANS and ELEVATION DRAWINGS

- ☐ SCALE at One Quarter (¼) inch equals One (1) foot on all full size drawings
- ☐ NORTH ARROW on all FLOOR PLANS but NOT on Elevations
- ☐ PROPOSED WORK in COLOR RED (all other features in color black)

• PHOTOGRAPHS

- ☐ LABELED PHOTOS

OPTIONAL (Indicate by placing a mark in box)

- ☐ Labeled Renderings
- ☐ Letters of support and any other supporting materials
- ☐ Electronic files in pdf Format